PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

(571)-273-2885 or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for m

indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new c maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A contificate of mailing on only he good for demostic mailings of the			
				Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
32294	7590 01/12	//2010	have				
SQUIRE, SANDERS & DEMPSEY L.L.P. 8000 TOWERS CRESCENT DRIVE 14TH FLOOR				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
VIENNA, VA 22	2182-6212					(Depositor's name)	
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/774,695	02/10/2004	•	Tuomo Lehtonen	•	59244.00008	7389	
TITLE OF INVENTION:	CAPACITIVE ACCEI	LERATION SENSOR					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/12/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
KWOK, HELEN C		2856	073-514320				
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 1 Squire, Sanders 2 & Dempsey, LLP 3				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIGNATION TECHNOL	ess an assignee is ident in 37 CFR 3.11. Comp ENEE GOGIES OY	ified below, no assignee pletion of this form is NO	(B) RESIDENCE: (CITY MYLLYKIVEN FIN-01621	T (print or type) pear on the patent. If an assignee is identified below, the document has been filed for for filing an assignment. ENCE: (CITY and STATE OR COUNTRY) LYKIVENKUJA 6, P.O. BOX 27 -01621 VANTAA, FINLAND patent): Individual Corporation or other private group entity Government			
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies 9			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502222 (enclose an extra copy of this form).				
11	SMALL ENTITY state	us. See 37 CFR 1.27.			ENTITY status. See 37 C		
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requeords of the United Sta	uired) will not be accepte ites Patent and Trademark	d from anyone other than t Office.	he applicant; a regist	ered attorney or agent; or the	ne assignee or other party in	
Authorized Signature	/Peter Fla	anagan/		Date <u>Ap</u> :	ril 5, 2010		
Typed or printed name Peter Flanagan Registration No. 58,178							
an application. Confidenti submitting the completed this form and/or suggestic Box 1450, Alexandria, Vi Alexandria, Virginia 2231	ality is governed by 35 application form to the ons for reducing this burginia 22313-1450. DC 3-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to th NOT SEND FEES OR	1.14. This collection is est of depending upon the indiving the Chief Information Office COMPLETED FORMS TO	timated to take 12 mi vidual case. Any com er, U.S. Patent and T O THIS ADDRESS.	nutes to complete, including the ments on the amount of the tademark Office, U.S. Dep	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, I number.	